

ENVIRONMENTAL DIVISION



Application for Recognition as a Backflow Assembly Tester

READ ALL OF THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION

1. All statements in this application are subject to investigation by the division.
2. The application shall be typed or completed in ink.
3. Improperly prepared or incomplete applications will be returned.
4. **A copy of Company Contractors License, Certificate of Liability Insurance, tester's certificate, and test gauge calibration report/s must accompany this form and should be submitted to the City of Tempe, WUD/ Environmental Services, P. O. Box 5002, Tempe, AZ 85280 or faxed to 480-350-2615.**

PERSONAL AND BUSINESS INFORMATION

TESTERS NAME: _____
COMPANY NAME: _____
MAILING ADDRESS: _____
City: _____ State: _____ Zip: _____ - _____
Phone: _____ Fax: _____
E-MAIL ADDRESS: _____

EDUCATION INFORMATION

COURSE NAME: _____ DATES ATTENDED: _____
COURSE LOCATION: _____
CERTIFICATE NO.: _____ EXPIRATION DATE: _____
CERTIFYING ORGANIZATION: _____

TEST GAUGE INFORMATION

Make and Model: _____ Gauge Serial No.: _____
Make and Model: _____ Gauge Serial No.: _____
Make and Model: _____ Gauge Serial No.: _____
Make and Model: _____ Gauge Serial No.: _____

INSURANCE INFORMATION

INSURANCE CO: _____ POLICY NO.: _____
Amount: _____

CONTRACTORS LICENSE INFORMATION

License Type: _____ License Number: _____
License Type: _____ License Number: _____
License Type: _____ License Number: _____

I hereby certify that this application contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge.

Signature

Date